

FIRST EPISODE PSYCHOSIS (FES) PROJECT INITIATIVE

BACKGROUND

States are required to use their “*five percent (5%) set-aside*” of their Mental Health Block Grant (MHBG) allocation to support “evidenced-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders.”

Please note that this set-aside funding is dedicated to provide supports and services for those with “*early serious mental illness*” and not for primary prevention or preventive intervention for those at risk of serious mental illness. States are encouraged to fund programs to meet the needs of persons with early psychotic disorders, specifically first episode psychosis. States may address these needs either through enhancing existing program activities or development of new activities.

COORDINATED SPECIALTY CARE PLAN

The State of Nevada plans to initiate a Coordinated Specialty Care Program for a First Episode Psychosis (FES) Demonstration Project. The first year of activity will be in State Fiscal Year 2015 (October 1, 2014 to September 30, 2015) and will be a planning year to develop a Program Implementation Plan that will include five core elements described below.

NEED

Nevada’s Behavioral Health System is comprised of public and private sector providers that operate under a variety of funding sources, priorities and mandates. Services throughout the state differ based on target population, geographic region, and funding source. As a result, there are often different challenges for persons seeking behavioral health assistance based on availability and service capacity at a particular location. The system is most developed in the urban areas of northern and southern Nevada, although more linkages exist between urban and rural areas than in the past. At present, Nevada is lacking a Coordinated Specialty Care Program for a First Episode/Early Onset Psychosis. Nevada will utilize the Community Mental Health Services Block Grant “5% set-aside” to develop a plan for implementing a demonstration project to provide these services.

In Fiscal Year (FY) 2011-2012, there were a total of 12,399 children (under 18) in the state that were Medicaid eligible and estimated to have a serious emotional disturbance (SED). Of that total, the state provided services to 3,989 in FY 2011-12, representing 32% of the estimated need. Of the remaining population of Medicaid eligible children, 8,410 children were estimated to need, but not receive services in FY 2011-12.

There are a total of 88,956 adults in the State of Nevada that are Medicaid eligible and are considered to have any mental illness or a severe mental illness (SMI). State behavioral health provided services to 25,522 in FY 2011-12, representing 29% of the total of those estimated to be in need. Over 60,000 adults were estimated to be in need, but it is unknown what number received services in FY 2011-12.

The target population for this project is Nevadan's experiencing a first episode of psychosis. Based upon current research, individuals from 15 to 25 years will constitute the majority of the target population. In 2013, Nevada was home to 18,791 individuals in this age group who were estimated to have a Serious Mental Illness (SMI) or Severe Emotional Disturbance (SED).

TARGET POPULATION

- ✓ Youth and young adults ages 15-25
- ✓ Persons who are diagnosed for the first time with Schizophrenia, Psychosis, Schizoaffective disorder, Schizophreniform Disorder, Brief Psychotic Disorder and Psychotic Disorder NOS

FES PLAN DEVELOPMENT

1. Hire a FES Project Coordinator – Children's Cabinet of Northern Nevada
2. Develop a Core Statewide Leadership Team (First Episode Psychosis) to possibly include, but not be limited to, clinicians, case managers, UNR School of Medicine, Employment Specialists, DCFS, NNAMHS, Washoe and Clark County School Districts, Mental Health providers, Law Enforcement, etc.
3. Determine points of entry for persons ages 15 to 25 identified with Psychosis, Schizophrenia, or a related condition/diagnosis for the very first time.
4. Implement the RAISE (Recovery After an Initial Schizophrenic Episode) Treatment Team model:
 - ✓ Team leader (Clinician)
 - ✓ Primary Clinician
 - ✓ Case Manager
 - ✓ Peer Support Specialist

✓ Supportive Employment Specialist

✓ Pharmacotherapy support

This activity would include the development of protocols, procedures, and guidelines for how persons are screened, assessed, or otherwise identified as having psychosis all the way through case management, treatment and other wraparound services.

5. Provide evidenced-based training to staff members identified to work with and follow through on consumers/patients with First Episode Psychosis. This training could include, but not be limited to, First Episode Psychosis Model Program, which is referred to as RAISE (Recovery After Initial Schizophrenic Episode), Supportive Employment, Motivational Interviewing and/or other identified modalities.

6. Incorporate Telemedicine into the Service Delivery Model.

Planning activities will include collaboration with the University of Nevada School of Medicine, to include the use of telemedicine with rural and frontier communities to help providers identify persons with diagnosis/identification of first episode psychosis. Teleconferencing therapy, psychiatric consults, and medication management have been implemented in State Behavioral Services since 2011, to better serve people in frontier and rural Nevada who have limited access to services and face transportation barriers. This resource is critical to providing access to the Demonstration Project for these remote communities.

7. Develop an Evaluation Plan:

The evaluation will employ both quantitative and qualitative measures with the final report analyzing the overall impact of the project's planning year. The evaluation will specifically tie the project's measurable goals and objectives to the project's anticipated deliverables and activities. Data will be collected and reported through many mechanisms to include sign in sheets (leadership team meeting and trainings), satisfaction surveying (leadership team, stakeholders, clients), policy and procedure analysis, collaborative braiding and blending of services analysis, antidotal progress reporting, evidence-based practice determination and analysis, telemedicine planning analysis, and a final overall analysis report. Through conducting an evaluation on this project, the State of Nevada will have the information needed to implement a thoroughly planned project in year two for this special population.

Utilizing the soon-to-be developed Nevada First Episode Psychosis (FES) Statewide Planning Team, the ultimate objective of the FES Program contractor is to produce a statewide comprehensive Strategic Plan on how FES treatment and services are operated, as identified in this document, with implementation in FFY 16 (October 1, 2015, to September 30, 2016) and beyond.